

THE COLBY-SAWYER COLLEGE FUND GIFT FORM

Name _____

Please check if this is a joint gift from you and your companion.

Spouse _____

College Affiliation:

Alumna/us, Year(s) _____ Friend Parent Faculty/Staff

Address _____

City _____ State _____ Zip _____

Home Telephone _____

Work Telephone _____

E-mail address _____

Method of Gift Payment

Check: Enclosed is my gift of \$ _____

Credit Card:

Please charge my gift of \$ _____ to my VISA MasterCard AmEx Discover

Credit Card # _____ - _____ - _____ Expiration Date _____

Cardholder Name _____

Pledge: I pledge \$ _____ payable by June 30, 2012

Colby-Sawyer Fund Gifts

Please allocate my gift as follows (please check one): _____

- Unrestricted Teaching and Learning Scholarships
 Student Life-Beyond the Classroom Campus Maintenance and Beautification
 Faculty and Staff Enrichment Technology Presidential Initiatives
 Campus Sustainability Chargers Club Friends of the Library

Additional Information

This gift is in honor of _____ This gift is in memory of _____

My company has a matching gift program that I intend to utilize.

Please print and complete this form, and send it to: **Colby-Sawyer College**
Office of Alumni Relations and Annual Giving
541 Main Street
New London, NH 03257
Fax to 603-526-3780